

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Rachel Mooney Print: Rachel Anne Mooney Sign: Rachel Anne Mooney	Street: 2907 Harvey St. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: ramoo Phone: ()
2. Ananya Ray Print: Ananya Ray Sign: Ananya Ray	Street: 2011 Monroe St., Apt. 1 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: aray Phone: ()
3. Jamie Sperger Print: Jamie Sperger Sign: Jamie Sperger	Street: 3595 Mathias Way City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Sperg Phone: ()
4. Amy Cavanagh Print: Amy Cavanagh Sign: Amy Cavanagh	Street: 3029 Valley St City: Black Earth Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Black Earth (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: amct Phone: ()
5. Emily Kara Print: Emily Kara Sign: Emily Kara	Street: 1632 Monroe St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: () Phone: ()

Certification of Circulator

I, Chris Lennon, (certify): I reside at 3221 W. Main #103
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Sun Prairie
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Chris Lennon
(Signature of Circulator)

Page No. (Official Use Only)
1161

Return by
Committee
PO Box 25
Madison, WI

Circulators,
Please include your contact information

Phone: (406)
Email: CL

A124

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Alex Tucker Sign: Alex Tucker	Street: 728 E Dayton St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: atucker@... Phone: (608) 261-1234
2. Print: Michele Auldridge Sign: Michele Auldridge	Street: 311 Larkin St. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: mauldridge@... Phone: (608) 261-1234
3. Print: Brian Burger Sign: Brian Burger	Street: 311 Larkin St. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: brian.burger@... Phone: (608) 261-1234
4. Print: Norbert Tavaros Sign: Norbert Tavaros	Street: 728 E. Dayton St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: ntavaros@... Phone: (608) 261-1234
5. Print: Chi Ho Chan Sign: Chi Ho Chan	Street: 322 N Meadow Ln City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: chihochan@... Phone: (608) 261-1234

Certification of Circulator

I, Chris Lemon, (certify): I reside at 3221 W. Main #103
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Sun Prairie
(Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

Chris Lemon
(Signature of Circulator)

Page No. (Official Use Only)
1102

Return by
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone

Email

A120

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison,

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Brenda Swenson</u> Sign: <u>[Signature]</u>	Street: <u>2002 Gulseith st</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Rhonda Fritz</u> Sign: <u>Rhonda Fritz</u>	Street: <u>809 Jana Ln</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Linda Weigt</u> Sign: <u>Linda Weigt</u>	Street: <u>2355 Bluegrass Ln</u> City: <u>Fitchburg</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Andy Zander</u> Sign: <u>Andy Zander</u>	Street: <u>4606 Windigo Tr.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>JAMES L. REAMER</u> Sign: <u>James L. Reamer</u>	Street: <u>425 INWOOD WY.</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Brenda Swenson (certify): I reside at 2002 Gulseith st
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.17.13(3)(a), Wis. Stats.

11 15 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1103

Circulators,
Please include your:
Phone
(608)
Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kim Kheebone	<i>Kim Kheebone</i>	Street: 1014 Greenwich Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Steven Helgen	<i>Steven Helgen</i>	Street: 500 Oakridge Dr City: Portage WI Zip: 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Portage	11/15/2011 (Month) (Day) (Year)
3. Robert Dreps	<i>Robert Dreps</i>	Street: 6160 Sutcliff Cr. City: Dane Zip: 53529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springfield	11/15/2011 (Month) (Day) (Year)
4. Ann M. Eager	<i>Ann M. Eager</i>	Street: 910 Victoria Pl City: Janesville Zip: 53524	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
5. DEBRA Simmons	<i>DEBRA Simmons</i>	Street: 5330 VICAR LANE City: MADISON, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Chris Natsell	<i>Chris Natsell</i>	Street: 1704 Green Valley 5 City: Janesville WI Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
7. PATRICK REYNOLDS	<i>PATRICK REYNOLDS</i>	Street: 2326 MICA RD City: MADISON Zip: 53709	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Dean LaBelle	<i>Dean LaBelle</i>	Street: 4512 Gordon Ave City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
9. Sybil Hutchinson	<i>Sybil Hutchinson</i>	Street: 216 N. Lake Mound Rd City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. Nancy Anderson	<i>Nancy Anderson</i>	Street: 3392 Kuehling Dr. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 ANCHOR DR MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Robert A. Kaspar
(Signature of Circulator)

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1. Mike Ziarnik	<i>M. Ziarnik</i>	Street: 3383 HWY 134 City: Cambridge Zip: 53523	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Overfield <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Brian Turony	<i>B. Turony</i>	Street: 330 Morris Ct #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Kris Guenther	<i>Kris Guenther</i>	Street: 207 Thomas Hill Rd. City: Edgar, WI Zip: 54422	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Edgar	11/15/2011 (Month) (Day) (Year)
4. Lakpa Tranchoe	<i>Lakpa Tranchoe</i>	Street: 1914 ELKALN 53704 City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Richard Trett	<i>Richard Trett</i>	Street: 3921 Anchor Dr City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Michael J Rauch	<i>Michael J Rauch</i>	Street: 360 W. Washington Ave 610 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Rebecca Magana	<i>Rebecca Magana</i>	Street: 1229 E. Dayton St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. William Shaffer	<i>William Shaffer</i>	Street: 1029 Spraight St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. David R Sparer	<i>David R Sparer</i>	Street: 1842 Jennifer City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Richard V. Frueh	<i>Richard V. Frueh</i>	Street: 6114 Prairie Park Rd City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 Anchor Dr MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011 *Robert A. Kaspar*
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1105

Return
Complete
PO Box
Madi

Circulators, please
Phone
Email
bobb
Abb

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. ALLEN Y CHRISTIAN		Street: 1920 W. FAIRMOUNT AV. City: MILWAUKEE Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE RK	11/15/2011 (Month) (Day) (Year)
2. VIRGINIA GIORGI		Street: 4 Blue Spruce Trl City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. CHRISTINE M. NELSON		Street: 5514 QUARRY HILL City: FITCHBURG WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON RK	11/15/2011 (Month) (Day) (Year)
4. KATHLEEN J. GARLOCK		Street: 714 N. THOMPSON DR. City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Karen Zitzke		Street: W204 N8291 Lannon Rd City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Men. Falls	11/15/2011 (Month) (Day) (Year)
6. MARIA SWIFT		Street: 418 Russell St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Kira Brenner		Street: 2011 N. Prospect Ave #10 City: Milwaukee Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
8. Tyler Smith		Street: 514 1/2 E. Washington Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Lynn Mortensen		Street: 101 E. Miffen #612 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Dino Maniaci		Street: 1322 E MIFFLIN ST City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 ANCHOR DR MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1106

Return
Complete
PO Box
Madison

CONTACT INFORMATION
Email: CHRISTIAN
Phone: (414) 3
Email:
Phone: ()
Email: cmnelson
Phone: (608)
Email: N
Phone: (608)
Email:
Phone: (262)
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Circulators, please
Phone: (6)
Email: bobkas
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SCOTT WALKER RECALL PETITION

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1. James Roberts	<i>James Roberts</i>	Street: 2555 Richardson St City: Fitchburg WZ Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11 / 15 / 2011 (Month) (Day) (Year)
2. ROBERT HAESSLY	<i>Robert Haessly</i>	Street: 4172 HIGH ST City: McFARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFARLAND	11 / 15 / 2011 (Month) (Day) (Year)
3. Ron Z. Swindle	<i>Ron Swindle</i>	Street: 5214 P. & M. Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. MATT KRUEGER	<i>Matt Krueger</i>	Street: 24 N. BALDWIN ST. City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
5. KATHY MINER	<i>Kathleen Miner</i>	Street: 655 CRANDALL ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
6. STEPHEN BLAKE	<i>Stephen Blake</i>	Street: 2863 2ND DRIVE City: OXFORD Zip: 53952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEW CHESTER	11 / 15 / 2011 (Month) (Day) (Year)
7. Richard C. Cullen	<i>Richard C. Cullen</i>	Street: 947 LAURENCE ST City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
8. Mary Malsnes	<i>Mary Malsnes</i>	Street: 409 Pawling St #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. GERMAINE E. MAYHEW	<i>Germaine E. Mayhew</i>	Street: 4518 MAHER AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. DREW FELDKIRCHNER	<i>Drew Feldkirchner</i>	Street: 6930 WINSTONE DR City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 ANCHOR MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Robert A. Kaspar
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Richard A Gilson	<i>Richard A Gilson</i>	Street: 714 N Thompson Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Deborah Higgins	<i>Deborah Higgins</i>	Street: 1618 Rowland Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Michele Rinko	<i>Michele Rinko</i>	Street: 5328 Sutton Pl S City: Greenfield Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	11/15/2011 (Month) (Day) (Year)
4. Ciaran James	<i>Ciaran James</i>	Street: 7418 Century Ave #5 City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
5. Carl Z. Gausterer	<i>Carl Z. Gausterer</i>	Street: 1624 S. Golf Glen. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Wendy Schell	<i>Wendy Schell</i>	Street: 4805 Wood Burn Dr City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Craig Peterman	<i>Craig Peterman</i>	Street: 4306 Redtail Pass City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
8. Dan Frosch	<i>Dan Frosch</i>	Street: 42 8TH ST City: Prairie du Sac Zip: 53578	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Prairie du Sac	11/15/2011 (Month) (Day) (Year)
9. Taylor Frosch	<i>Taylor Frosch</i>	Street: 2120 Fish Hatchery Rd City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Margaret McAulie	<i>Margaret McAulie</i>	Street: 5139 Irish Lane City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT A. KASPER, (certify): I reside at 3809 ANCONA DR MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Robert A. Kasper
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Mary Kay Neumann		Street: 181 Ohio Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Alan Robinson		Street: 1007 E. Johnson St City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Jeanne Daffy		Street: 14 Wallingford Cr. City: madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
4. Julia Mandeville		Street: 414 N Livingston #3 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
5. Keith Schroeder		Street: 127 N Blair St City: Madison Zip: 53707	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Angela Stone		Street: 862 S. main City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
7. NAOMI WRIGHT		Street: 7915 Wisconsin Drive City: Jefferson Zip: 53539	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Jefferson	11/15/2011 (Month) (Day) (Year)
8. Tyler Schwab		Street: 1704 Green Valley Dr City: Janesville Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
9. PEDAR HAYES		Street: 635 E. DAYTON City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Eric Wood		Street: 2905 Brian Lane City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT A. KASPAR, (certify): I reside at 3809 Anchor Dr MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Nicholas B Simmons		Street: 244 W. Lowell Pl. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Will Deferre		Street: 134 W. Gorham St #9 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Ashley McHose		Street: 134 W Gorham St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Lane Kisting		Street: 810 East Gorham City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Brendan Garrit		Street: 810 East Gorham City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Alexandra Muzal		Street: 408 N. Hann City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Brooke Lade		Street: 135 S Hancock St #102 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Jamie Barth		Street: 925 Vilas Ave City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Michelle Meyer		Street: 4227 Mohawk Dr. 53711 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Jennifer Hanrahan		Street: 222 N Pincney St #4 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

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Certification of Circulator

I, PAUL NOELPNER

(Name of Circulator)

(certify): I reside at

136 KENSINGTON

(Circulator's Residence - Street name and Number)

MAPLE BLUFF

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Bryn Schumacher	<i>Bryn Schumacher</i>	Street: 1718 N. 1st St. City: Milwaukee, WI Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
2. Jake Gehrmann	<i>Jake Gehrmann</i>	Street: 118 W Johnson St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. MARY NASON	<i>Mary Nason</i>	Street: 333 W Dayton #58 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Vince Peterson	<i>Vince Peterson</i>	Street: 540 E Brooks St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Melissa McIlmains	<i>melissa</i>	Street: 308 Kensington Dr City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. R. Andrew Nourse	<i>R. Andrew Nourse</i>	Street: 3319 Wells Ave #58 City: Madison WI Zip: 53707	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Nathan Davis	<i>Nathan Davis</i>	Street: 2720 Sommers Ave, Apt. 3 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Hannah Meddaugh	<i>Hannah Meddaugh</i>	Street: 622 Division St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Casey Motl	<i>Casey Motl</i>	Street: 5522 main st City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. ROBERT SHAPIRO	<i>Robert Shapiro</i>	Street: 217 S. ORCHARD ST City: MADISON WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

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Certification of Circulator

I, PAUL NOELDNER, (certify): I reside at 136 KENSINGTON MAPLE BLUFF
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

NOV, 15, 2011
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(Signature of Circulator)

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Circulators, please
Phone (608) 261-1111
Email PAUL@GABWISCONSIN.ORG

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Catherine Hassemer		Street: 1822 N 53rd St City: Milwaukee WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
2. DAVID V. STATZ		Street: 1600 ALGONQUIN Dr. City: BARABOO Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BARABOO	11/15/2011 (Month) (Day) (Year)
3. Preece Bonnewille		Street: 502 N Frances City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Annette Bose		Street: 1766 Forde Ave #104 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Abigail Schmirer		Street: 419 State St. City: madison, WI Zip: 53709	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. TARA JAECK		Street: 2953 Greencrest Ct City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7. BIONCA C. BROWN		Street: 617 N Oak Street Apt 3 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Kelsey Dolphin		Street: 1029 Clamar Dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
9. Veronica Hutton		Street: 310 N. Butler City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Brian McGinnis		Street: 417 State St. Apt. 9 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

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Certification of Circulator

I, PAUL NOELDNER, (Name of Circulator), (certify): I reside at 36 KENSINGTON MAPLE BLUFF (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov, 15, 2011
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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. JOSEPH N. COUGHLIN	<i>Joseph N. Coughlin</i>	Street: 21 Harding ST. City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
2. Eugene Bink	<i>Eugene Bink</i>	Street: 1954 Washington City: WI 53704 Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Ashley Brinkley	<i>Ashley Brinkley</i>	Street: 206A W. Main Street City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
4. PATRICIA PENNER	<i>Patricia Penner</i>	Street: 510 Englehart DR City: MADISON, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Carell Cassey	<i>Carell Cassey</i>	Street: 5130 Lorch Terrace City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Michelle Spangler	<i>Michelle Spangler</i>	Street: 4625 Eschlan ^{MS} 53705 City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
7. Evelyn Galindo-Daxette	<i>Evelyn Galindo-Daxette</i>	Street: 933 Glen St City: Janesville Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
8. Terence Bruno Fisher	<i>Terence J. Fisher</i>	Street: 3505 Valley Ridge Rd City: Middleton Zip: 53542	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City middleton	11/15/2011 (Month) (Day) (Year)
9. BETTY EDWARDS	<i>Betty Edwards</i>	Street: 344 W. DAYTON ST #903 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Deborah Shannon	<i>Deborah Shannon</i>	Street: 300 WOODLAND DR City: STEVENS POINT WI Zip: 54482	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HULL	11/15/2011 (Month) (Day) (Year)

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Certification of Circulator

I, PAUL NOELDNER, (certify): I reside at 136 KENSINGTON MAPLE BLUFF
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Paul Noeldner
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Jason Pierce	<i>Jason Pierce</i>	Street: 1105 W. Badger City: mad. Zip: WI	<input checked="" type="checkbox"/> Town Madison <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Kyle Holder	<i>Kyle Holder</i>	Street: 110 S 2nd St #110 City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. John Kozmarek	<i>John Kozmarek</i>	Street: 41 W. Third St (APT B) City: Beaver Dam Zip: 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	11/15/2011 (Month) (Day) (Year)
4. Tom Alden	<i>Tom Alden</i>	Street: 306 S Baldwin #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Caitlin Shannon	<i>Caitlin Shannon</i>	Street: 300 Woodland Dr. City: Stevens Point Zip: 54482	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hull	11/15/2011 (Month) (Day) (Year)
6. Aaron Hodges	<i>Aaron Hodges</i>	Street: 1108 Calappa City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Daniela Buraglio	<i>Daniela Buraglio</i>	Street: 931 E. Johnson St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Danielle Alvarez	<i>Danielle Alvarez</i>	Street: 404 1/2 State Street City: madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JENNIE VASEU	<i>Jennie Van</i>	Street: 3029 WEBB AVE. #2 City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Lynsey Moore	<i>Lynsey Moore</i>	Street: 5606 Midland Rd. City: Mazomanie, WI Zip: 53560	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)

CONTACT
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Certification of Circulator

I, PAUL NOELDNER, (certify): I reside at 136 KENSINGTON MAPLE BLUFF
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this petition. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov, 15, 2011
(Month) (Day) (Year)

Paul Noeldner
(Signature of Circulator)

Page No. (Official Use Only)
1114

Circulators, please in

Phone 608
Email Paul

A56

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MATTHEW J. DUFFY	<i>[Signature]</i>	Street: 210 S PLEASANT ST City: CAMBRIDGE Zip: 53523	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cambridge <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Elizabeth A. Silverstein	<i>[Signature]</i>	Street: 3885 N Humboldt Blvd Apt 12 City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	11/15/2011 (Month) (Day) (Year)
3. Penny Pollard	<i>[Signature]</i>	Street: 508 N. Prairie St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STOUGHTON	11/15/2011 (Month) (Day) (Year)
4. Deloris M. Plummer	<i>[Signature]</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/2011 (Month) (Day) (Year)
5. DeLoris M. Plummer	<i>[Signature]</i>	Street: 101 E. M. FFLIN 53703 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. DAVID L. ERICSON	<i>[Signature]</i>	Street: 745 E. JOHNSON #3 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Ricky J. Novak	<i>[Signature]</i>	Street: 3702 Packers ave #116 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Charles A. Romstad	<i>[Signature]</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Romstad, Charles A.	<i>[Signature]</i>	Street: MERRITT Ridge (6351) City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Joshua T Turner	<i>[Signature]</i>	Street: 4 N HANDCOCK ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Peter Orr, (certify): I reside at 324 E. Mifflin #2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Peter Orr
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tracy Hartman	<i>Tracy Hartman</i>	Street: 713 Nygaard St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Linda McKnight	<i>Linda McKnight</i>	Street: 4118 Major Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Donnie R. Vedder	<i>Donnie R. Vedder</i>	Street: 717 N. Lawn Ave City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Barry M Golden	<i>Barry M Golden</i>	Street: 220 Larkyn St City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Kari Gender Santistevan	<i>Kari Gender Santistevan</i>	Street: 4702 Secret Garden Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. William Borchers	<i>William Borchers</i>	Street: 1733 Heggen Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Jesse Bair	<i>Jesse Bair</i>	Street: 337 2nd St City: Baraboo Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. JEANNE LEMAN	<i>Jeanne Leman</i>	Street: 531 WAXWING LN City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. CORDELIA GALLO	<i>Cordelia Gallo</i>	Street: 733 E. Gorham City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Thomas Dull	<i>Thomas Dull</i>	Street: PO Box 4 City: Madison Zip: 53701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Peter Orr, (certify): I reside at 324 E. Mifflin #2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Peter Orr

(Signature of Circulator)

Page No. (Official Use Only)
1116

Return
Complete
PO Box
Madison

Circulators, please
Phone
Email

AGT-2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <i>[Signature]</i>	<i>[Signature]</i>	Street: 221 S. Janina St. City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. JEMILA ROSENTHAL	<i>[Signature]</i>	Street: 1901 SHERMAN AVE Apt 3 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. RICHARD GABRATH	<i>[Signature]</i>	Street: 5771 CHAPEL VALLEY RD 108 City: FITCHBURG WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/15/2011 (Month) (Day) (Year)
4. Paul W Kapustka	<i>[Signature]</i>	Street: 124 S. Franklin #7C City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Karen L. Gidko	<i>[Signature]</i>	Street: N 3689 BIRCHWOOD City: POYNETTE WI Zip: 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LOWVILLE	11/15/2011 (Month) (Day) (Year)
6. MICHAEL MILLER	<i>[Signature]</i>	Street: 2 ABILENE COURT City: MADISON, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Alesha Filiatrault	<i>[Signature]</i>	Street: 715 Derby Dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
8. Melissa D. Pisczor	<i>[Signature]</i>	Street: 8330 Swiggum Rd. City: Blanchardville WI Zip: 53516	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOSCOW	11/15/2011 (Month) (Day) (Year)
9. Lindsey Kennedy	<i>[Signature]</i>	Street: 703 E Garham Apt 4 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Anne Clark	<i>[Signature]</i>	Street: 421 Jubilee Lane City: Madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Peter Orr, (certify): I reside at Peter Orr 324 E Miffin Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) #2 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

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(Signature of Circulator)

Page No. (Official Use Only)
1117

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A55-3

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jonelle Q. Brown</u> Sign: <u>[Signature]</u>	Street: <u>1120 W. Pleasant St</u> City: <u>Portage</u> Zip: <u>53901</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Portage</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Christine Lunde</u> Sign: <u>[Signature]</u>	Street: <u>1842 N. 2nd St</u> City: <u>Milwaukee</u> Zip: <u>53210</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Nancy Wettersten</u> Sign: <u>Nancy Wettersten</u>	Street: <u>9405 Lost Pine Tr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Ryan Conner</u> Sign: <u>Ryan Conner</u>	Street: <u>1410 Jennifer St</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>ANN F. Knapstein</u> Sign: <u>Ann F. Knapstein</u>	Street: <u>457 Togstad Glenn</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Elaine Bridgen, (certify): I reside at 29 N. 1st St #2
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1118

Circulators

Please include your contact information

Phone
(608) 208-1118
Email
moore@...

Also -

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Elaine Bridgen</u> Sign: <u>Elaine Bridgen</u>	Street: <u>29 N. 1st St #2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Lois Langenfeld</u> Sign: <u>Lois Langenfeld</u>	Street: <u>5509 Park Way</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>JAY K. MARTIN</u> Sign: <u>Jay K. Martin</u>	Street: <u>1701 CAMELOT DRIVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>martin</u> Phone (608) 12
4. Print: <u>Edward Duvall</u> Sign: <u>Edward Duvall</u>	Street: <u>216 Langdon St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>eduvall</u> Phone (920) ()
5. Print: <u>Daniel M. Stone</u> Sign: <u>Daniel M. Stone</u>	Street: <u>862 S. Main St.</u> City: <u>Oregon WI</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Elaine Bridgen, (certify): I reside at 29 N. 1st St #2
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Elaine Bridgen
(Signature of Circulator)

Page No. (Official Use Only)

1119

Circulators,
Please include your contact

Phone

(608) ()

Email

noone

A50-2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 1

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Susan Thorland</u> Sign: <u>Susan Thorland</u>	Street: <u>614 Meadowlark Dr</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>sthorland@</u> Phone <u>(608) 220</u>
2. Print: <u>Mary C. Raboin</u> Sign: <u>Mary C. Raboin</u>	Street: <u>1310 Ellenwood Dr.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Freesia57@es</u> Phone <u>(608) 241</u>
3. Print: <u>Nancy McCulley</u> Sign: <u>Nancy McCulley</u>	Street: <u>2812 King James Way</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>nancy.m</u> <u>@gmail.com</u> Phone <u>(608) 358</u>
4. Print: <u>Micayla Jones</u> Sign: <u>Micayla Jones</u>	Street: <u>2820 Union St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Redpoll</u> <u>msn.com</u> Phone <u>(608) 239</u>
5. Print: <u>Cheryl Catalino</u> Sign: <u>Cheryl Catalino</u>	Street: <u>207 Wind Stone Dr.</u> City: <u>Madison</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ccatalino7</u> Phone <u>(608) 219</u>

1. Cordele Ed (certify): I reside at 605 West Dean Ave Monona
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.1218(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.

Please include your contact info in circulator's contact info.

Phone

(608) 354

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 1

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Connie Thompson</u> Sign: <u>Connie Thompson</u>	Street: <u>N3851 Pankow Road</u> City: <u>Poynette</u> Zip: <u>53955</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>township Dekorra</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Cthompson@</u> Phone <u>(608) 261-</u>
2. Print: <u>Misty Lange Lohrentz</u> Sign: <u>Misty Lange Lohrentz</u>	Street: <u>5 Bennett Court</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mistyl@cho</u> Phone <u>(608) 235</u>
3. Print: <u>MARIL R MUELLER</u> Sign: <u>Mark R Mueller</u>	Street: <u>6645 SCATTERGOOD LANE</u> City: <u>WINDSOR</u> Zip: <u>53598</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WINDSOR</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>MMUELLER@CATER</u> Phone <u>(608) 846</u>
4. Print: <u>Andrea Miller</u> Sign: <u>Andrea Miller</u>	Street: <u>5603 Eighth Rd</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>amill@from</u> Phone <u>(608) 838</u>
5. Print: <u>Susan A Burke</u> Sign: <u>Susan A Burke</u>	Street: <u>49139 Scot Lane</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>sburtermon</u> Phone <u>(608) 843</u>

I, Graden Ede (certify): I reside at 605 West Dean Avenue Monona
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a) Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Graden Ede
(Signature of Circulator)

Page No. (Official Use Only)
1124

Circulators.
Please include your contact info in c

Phone
(608) 354
Email
graden@

A41-2

PAGE NUMBER:

1122

NOT SUBMITTED

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 1

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Alyda Oosterwyk</u> Sign: <u>[Signature]</u>	Street: <u>309 Schenk St.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 20 11</u> (Month) (Day) (Year)	Email <u>alyda.rose@</u> Phone <u>(608) 669-</u>
2. Print: <u>Kristine Moore</u> Sign: <u>[Signature]</u>	Street: <u>625 E Mifflin St #309</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 20 11</u> (Month) (Day) (Year)	Email <u>Kristine</u> Phone <u>(608) 1345-</u>
3. Print: <u>Linda D Wolfe</u> Sign: <u>[Signature]</u>	Street: <u>1614 Nooker Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 20 11</u> (Month) (Day) (Year)	Email <u>liwolfe214@</u> Phone <u>(608) 241</u>
4. Print: <u>Barbara J. Rex</u> Sign: <u>[Signature]</u>	Street: <u>236 Westmontand Blvd.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 20 11</u> (Month) (Day) (Year)	Email <u>rexeggler@</u> Phone <u>(608) 233-</u>
5. Print: <u>Jonathan P Muzzall</u> Sign: <u>[Signature]</u>	Street: <u>130 Bradford Ln</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 20 11</u> (Month) (Day) (Year)	Email <u>jpmuzzall@</u> Phone <u>(608) 26085</u>

I, Gretchen Ede, (certify): I reside at 605 West Dana Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Monona
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1123

Circulators.
Please include your contact info in case

Phone
(608) 354
Email
gled@web


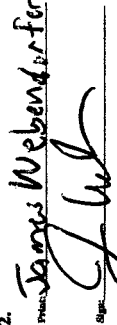
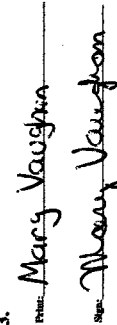

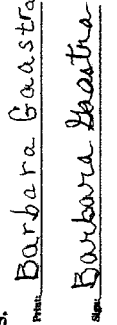
A41-3


SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City, or Village)</small>	DATE OF SIGNING
1. 	Street: <u>605 West Bannock</u> City: <u>Monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
2. 	Street: <u>605 W. Dean Ave</u> City: <u>Monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
3. 	Street: <u>5516 Englewood Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
4. 	Street: <u>1 Sandown Ct., Apt D</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
5. 	Street: <u>106 Dexter Dr</u> City: <u>Cambria</u> Zip: <u>53923</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>Cambria</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)

1.  (Printed Name of Circulator) (certify): I reside at 605 West Bannock Monona
(Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officerholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residence given. I support this recall petition. I am aware that falsifying this certification is punishable under S.B. 13.36, Wis. Stats.

11 / 15 / 20 (Month) (Day) (Year)

 (Signature of Circulator)

Page No. (Official Use Only)
1124

Circulator
Printed Name

Phone
Email

A

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Eartha Armstrong</u> Sign: <u>[Signature]</u>	Street: <u>2665 Hoard St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>
2. Print: <u>Tracy Beil</u> Sign: <u>[Signature]</u>	Street: <u>123 Ivanhoe Dr.</u> City: <u>Milton</u> Zip: <u>53563</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>tracy</u> Phone <u>(715)</u>
3. Print: <u>Wendy Brown-Haddock</u> Sign: <u>[Signature]</u>	Street: <u>N5574 Cty Rd J</u> City: <u>Monroe</u> Zip: <u>53566</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Monroe</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Wbrow</u> Phone <u>(608)</u>
4. Print: <u>Kara Noah</u> Sign: <u>[Signature]</u>	Street: <u>501 Luster Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Karaj</u> Phone <u>(608)</u>
5. Print: <u>Joan Roessler</u> Sign: <u>[Signature]</u>	Street: <u>902 N. Thompson DR #3</u> City: <u>MADISON, WI.</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON, WI.</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>J Ro</u> Phone <u>(608)</u>

I, Corbin A. (Printed Name of Circulator), (certify): I reside at 605 West Dean (Circulator's Residence - Street Name and Number) Monrovia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1125

Circulators.
Please include your

Phone

(608)

Email

gde

A41

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Kimberly Williams</u> Sign: <u>Kimberly Williams</u>	Street: <u>633 Moorland Road</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>kwilli</u> Phone <u>(608)</u>
2. Print: <u>Anna Spoerke</u> Sign: <u>An</u>	Street: <u>326 Marston Ave.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>amsy</u> Phone <u>(608)</u>
3. Print: <u>Kathryn Kube</u> Sign: <u>Kathryn Kube</u>	Street: <u>5121 Bluestem Way</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Kasey</u> Phone <u>(608)</u>
4. Print: <u>EDWARD LAMPHIER</u> Sign: <u>Edward Lamphier</u>	Street: <u>3340 FOREST OAKS DR.</u> City: <u>SUN PRAIRIE</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SUN PRAIRIE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ELTL</u> Phone <u>(608)</u>
5. Print: <u>Breanne Chase</u> Sign: <u>Breanne Chase</u>	Street: <u>1835 E. Main St. FL2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>brea</u> Phone <u>(608)</u>

I, Conde Ede (certify): I reside at 605 West Dean Avenue Monmouth
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

11, 15, 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1126

Circulators.
Please include your

Phone

(608)

Email

gedei

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Bethany Ordaz</u> Sign: <u>Bethany Ordaz</u>	Street: <u>13 Cavendish Ct.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>beth</u> Phone <u>(608)</u>
2. Print: <u>JEFF PERZ</u> Sign: <u>Jeff Perz</u>	Street: <u>13 Cavendish Ct.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>jeff</u> Phone <u>(608)</u>
3. Print: <u>Jennifer Lohr</u> Sign: <u>Jennifer Lohr</u>	Street: <u>2045 Atwood Ave #211</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>jen</u> Phone <u>(608)</u>
4. Print: <u>Arvina Martin</u> Sign: <u>Arvina Martin</u>	Street: <u>4901 Waukesha St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>arv</u> Phone <u>(608)</u>
5. Print: <u>William Hoffman</u> Sign: <u>William Hoffman</u>	Street: <u>440 Hawthorn St</u> City: <u>Burlington</u> Zip: <u>53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>wj</u> Phone <u>(262)</u>

I, Bethany Ordaz, (certify): I reside at 13 Cavendish Ct. Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(4)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Bethany Ordaz
(Signature of Circulator)

Page No. (Official Use Only)
1127

Return

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PO Box
Madison

Circulators
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Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Monica Sundal	<i>Monica Sundal</i>	Street: 4250 Lumley Rd Apt #4 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Kara Pennayer	<i>Kara Pennayer</i>	Street: 754 Jennifer St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Richard Anderson	<i>Richard Anderson</i>	Street: 1250 Sherman Ave. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Paul Trilling	<i>Paul Trilling</i>	Street: 6270 Irving Dr. City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burke	11/15/2011 (Month) (Day) (Year)
5. Jean Allen	<i>Jean Allen</i>	Street: 116 E. Gilman St. Apt. 3F City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. David Groshek	<i>David Groshek</i>	Street: 3560 Breckenridge Ct. Apt 2 City: Fitchburg Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7. Matthew Aro	<i>Matthew Aro</i>	Street: 110 HENUAN CIR City: MONONA Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
8. Brendan Zillner	<i>Brendan Zillner</i>	Street: 110 S. Second St. #211 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Ted Voth Jr	<i>Ted Voth Jr</i>	Street: 1335 WILKINSON #2 City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. CARLA SHERIDAN	<i>Carla Sheridan</i>	Street: 1151 RUTLEDGE ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kathlin Annunzio, (certify): I reside at 709 E Johnson City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kathlin Annunzio
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Melissa Baldauff	<i>[Signature]</i>	Street: 1320 Rutledge St City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
2. JOHN J. KRANIAK	<i>[Signature]</i>	Street: 1105 N WINGRA DR City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Anthony Palese	<i>[Signature]</i>	Street: 301 South Livingston Street Apt 203 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Sean Berger	<i>[Signature]</i>	Street: 317 Morris Ct #3 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Joe Melloy	<i>[Signature]</i>	Street: 2314 Center Ave. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Amanda L. Brink, (certify): I reside at 711 Vernon Ave Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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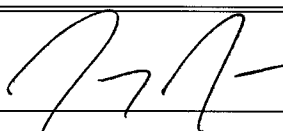
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

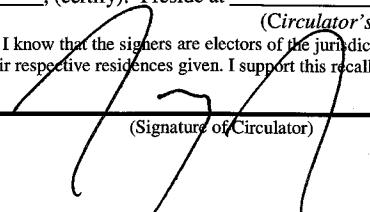
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JEREMY JANSEN		Street: 22 W Hancock St #201 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, JEREMY JANSEN, (certify): I reside at 22 W Hancock St #201 Madison
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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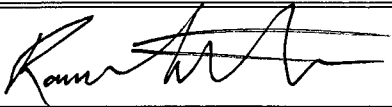
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rose Arntsen		Street: 223 N Livingston Apt2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Rose Arntsen, (certify): I reside at 223 N Livingston Apt2 Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mike Pohl		Street: 5102 Brandenberg Way City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Bryan Post, (certify): I reside at 653 E Gorham St. Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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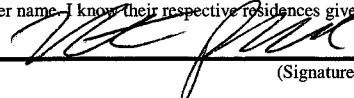
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Bryan Post		Street: 653 E Gorham St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: post@bryanpost.com Phone: (262) 994-XXXX
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () ()

Certification of Circulator

I, Mike Pfohl, (certify): I reside at 5102 Brandenburg Way Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

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Circulators, please

Phone
Email



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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. John Sullivan	<i>John Sullivan</i>	Street: 329 Meadow Lane City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 7
2. Edwin Lacourt	<i>Edwin Lacourt</i>	Street: 282 STATE ST City: MAZOMANIE Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MAZOMANIE	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 7
3. Rebecca Lacourt	<i>Rebecca Lacourt</i>	Street: 302 State St City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 7
4. David Hoskings	<i>David Hoskings</i>	Street: 1224 Hillcrest Rd City: Black Earth Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Black Earth	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 76
5. MARY EGLI	<i>Mary Egli</i>	Street: 5987 LINDA CT City: MAZOMANIE WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 5
6. Dianne Carter	<i>Dianne Carter</i>	Street: 46 3RD ST City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MAZO	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 7
7. John Carter	<i>John Carter</i>	Street: 46 3RD ST. City: MAZOMANIE Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MAZO	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 7
8. Elizabeth Puren	<i>Elizabeth Puren</i>	Street: 601 W Hudson St City: Mazomanie, WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MAZO	11/15/2011 (Month) (Day) (Year)	Email Phone (608) -
9. Scott A. Anderson	<i>Scott A. Anderson</i>	Street: 6842 CARPENTER RD City: MAZOMANIE Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAZO	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 5
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Lori Fitzsimons, (certify): I reside at 10901 Amenda Rd, Mazomanie, WI 53560 Town of Mazomanie
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Lori Fitzsimons
(Signature of Circulator)

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Circulators, please

Phone
Email
Lori

A125

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Jennifer Krueger	Jennifer Krueger	Street: 709 1/2 Washington St City: Sauk City Zip: 53583	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sauk City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
2. Maren Wegner	Maren Wegner	Street: 6008 CTH K City: Blue Mounds WI Zip: 53517	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arena	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
3. Dean Faber	Dean B. Faber	Street: 6125 Mathewson Rd City: Mazomanie Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
4. Melody Moore	Melody K Moore	Street: 6125 Mathewson Rd City: Mazomanie Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
5. FRED WOLF	Fred Wolf	Street: 5630 Wolf Rd City: MAZOMANIE Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
6. Sharol Parish	Sharol Parish	Street: 5362 Mahorka Rd City: Mazomanie WI Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Town of Black Earth	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
7. Nathan Timm	Nathan Timm	Street: 314 Meadow Lane City: Mazomanie, WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mazomanie <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Catherine Klessig, (certify): I reside at 117 State St Mazomanie WI 53560
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Catherine Klessig
(Signature of Circulator)

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Circulators, please

Phone

60

Email

Cathy

A1379

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Sarah J. Sullivan	<i>Sarah J. Sullivan</i>	Street: 329 Meadow City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Village of mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 79
2. Monica Walker	<i>Monica Walker</i>	Street: 401 Chamber St City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 79
3. Tasia Pinkham	<i>Tasia Pinkham</i>	Street: 10381 Hudson Rd City: mazomaniewi Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 79
4. GERALD L. CUMMINGS	<i>Gerald L. Cummings</i>	Street: E11636 SAUK PRAIRIE RD City: PRAIRIE DU SAC WI Zip: 53578	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PRAIRIE DU SAC	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 69
5. Jeff Sweeney	<i>Jeff Sweeney</i>	Street: 8400 Sweeney RD City: BLUE MOUND Zip: 53517	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARENA	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 34
6. MICHAEL SAUCERMAN	<i>Michael Saucerman</i>	Street: 5536 County Rd T City: ARENA Zip: 53503	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARENA	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 75
7. Ross Weittenhiller	<i>Ross Weittenhiller</i>	Street: 206 State St City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 33
8. MICHAEL KLESSIG	<i>Michael Klessig</i>	Street: 117 STATE ST City: MAZOMANIE WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MAZOMANIE	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 57
9. DENNIS PLOWER	<i>Dennis Plower</i>	Street: 6100 W. POORWILL RD City: CROSS PLAINS WI Zip: 53522	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SPRINGFIELD	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 79
10. Mike Duren	<i>Mike Duren</i>	Street: 601 West Hudson St City: MAZOMANIE, WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 79

Certification of Circulator

I, Joseph Meier (Name of Circulator), (certify): I reside at 10507 CANTON BL, MAZOMANIE TOWN (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 15 2011
(Month) (Day) (Year)

Joseph A. Meier
(Signature of Circulator)

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Circulators, please fill in

Phone (608)
Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DIANA M. LAKES	<i>Diana M. Lakes</i>	Street: 1225 Edgehill Dr. City: Madison WI Zip: 53705	<input type="checkbox"/> Town Village of <input checked="" type="checkbox"/> Village Shorewood Hills <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. JEFF PERRY	<i>Jeff Perry</i>	Street: 303 N. Main St. City: Deerfield WI Zip: 53531	<input type="checkbox"/> Town Village of <input checked="" type="checkbox"/> Village Deerfield <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Claire Dehnert	<i>Claire Dehnert</i>	Street: N1465 County Rd E City: Watertown WI Zip: 53098	<input checked="" type="checkbox"/> Town Emmett <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. ARDYS KLAAS	<i>Ardys Klaas</i>	Street: 4806 Dakota Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Beverly J. Metcalfe	<i>Beverly Metcalfe</i>	Street: 3506 Eliot Lane City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. ROBERT KILGOST	<i>Robert Kilgost</i>	Street: 5342 WESTPORT Rd #1 City: MADISON WI Zip: 53704	<input checked="" type="checkbox"/> Town WESTPORT <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Timothy Bauer	<i>Timothy Bauer</i>	Street: 725 Jennifer St City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Jacquelyn Wood	<i>Jacquelyn Wood</i>	Street: 2702 Lemmer Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Brian Kelly Eakin	<i>B. Kelly Eakin</i>	Street: 5030 LACROSSE LANE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

CONTACT

Email: dianaspalette
Phone: (608) 2

Email: dinsdale
Phone: (608) 70

Email: cpd e
Phone: (608) 3

Email: ASBK 1
Phone: (608) 24

Email:
Phone: ()

Email:
Phone: ()

Email:
Phone: (608) 29

Email:
Phone: ()

Email:
Phone: (608) 2

Email:
Phone: ()

Certification of Circulator

I, Barbara J. Wright, (certify): I reside at 2 High Point Oaks Lane Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Barbara J. Wright
Signature of Circulator

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Circulators, please include

Phone: (608)

Email: dardar

A1245

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. ERICH HUELSEMAN	<i>Erich Huelseman</i>	Street: 20 N. JOHN ST. City: MAZOMANIE Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MAZOMANIE <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
2. Janice W Cowan	<i>Janice W Cowan</i>	Street: 4616 CTH JJ City: Black Earth Zip: 53515	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Vermont <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
3. RAPHAEL POWERS	<i>Raphael Powers</i>	Street: 106 E Hudson St City: Mazomanie WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MAZOMANIE <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
4. RONALD C PATTERSON	<i>Ronald C Patterson</i>	Street: 409 Bridge St. City: MAZOMANIE WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MAZOMANIE <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
5. BRET C SCHULTZ	<i>Bret C Schultz</i>	Street: 1206 SOUTH ST City: BLACK EARTH WI Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village BLACK EARTH <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
6. JUDY A PETERSON	<i>Judy Peterson</i>	Street: 5312 MAHOCKER RD City: MAZOMANIE WI Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village BLACK EARTH <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
7. DAN D. PETERSON	<i>Dan D. Peterson</i>	Street: 5372 MAHOCKER RD City: MAZOMANIE WI Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village BLACK EARTH <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
8. Selma L. Bennett	<i>Selma Bennett</i>	Street: 6238 Hwy 78 City: Mazomanie WI Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Mazomanie <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
9. DeVerne Simpson	<i>DeVerne Simpson</i>	Street: 510 Scott St City: MAZOMANIE WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MAZOMANIE <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Lynn Szudy, (certify): I reside at 509 W. Hudson St. Village of Mazomanie, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Lynn Szudy
(Signature of Circulator)

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1140

Circulators, please include
Phone (608)
Email SZUD

A1224

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Kathleen Murphy Sign: <i>Kathleen Murphy</i>	Street: 9006 Aspen Grove City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 20 11 (Month) (Day) (Year)	Email: mur Phone: (608) 216
2. Print: Bailey Hildebrandt Sign: <i>Bailey Hildebrandt</i>	Street: 6502 Doral Cir City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 20 11 (Month) (Day) (Year)	Email: bwun Phone: (608)
3. Print: John Hildebrandt Sign: <i>John Hildebrandt</i>	Street: 6502 Doral Cir City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 20 11 (Month) (Day) (Year)	Email: john- Phone: (608)
4. Print: Angela Wells Sign: <i>Angela Wells</i>	Street: 290 Prairie Heights Dr. Apt 306 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Veron (Municipality Name)	11 / 15 / 20 11 (Month) (Day) (Year)	Email: wellsa Phone: (608)
5. Print: Carol S. White Sign: <i>Carol S. White</i>	Street: 744 Whalen Rd. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11 / 15 / 20 11 (Month) (Day) (Year)	Email: jcam Phone: (608)

1. David A. Gilbert-Pederson (certify): I reside at 362 E Lakeside St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
Please include your c

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Gregory J. Matysik Sign:	Street: 573 East View Rd City: Verona Zip: 53593 WZ	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: gmatysik Phone: (608)
2. Print: Michelle G. Matysik Sign: Michelle G Matysik	Street: 573 East View Rd City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: mmatysik Phone: (608)
3. Print: Jane A. Epping Sign: Jane A Epping	Street: 105 Valley View Rd City: Mt Horeb, WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Horeb (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: djep Phone: (608)
4. Print: Yamileth Ruiz Sign: Yamileth Ruiz	Street: 1103 Whispering Pine Way City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Yami Phone: (608)
5. Print: Susan L. Bendik Sign: Susan L. Bendik	Street: 2406 Whitlock Rd. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: mebendik Phone: (608)

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1142

Circulators.
Please include your c

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A922-2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Christine Cuccia</u> Sign: <u>Christine Cuccia</u>	Street: <u>3949 Maple Grove Dr</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>CSC</u> Phone: <u>(608)</u>
2. Print: <u>MICHAEL M. FREDERICKSON</u> Sign: <u>Michael M. Frederickson</u>	Street: <u>2501 HOMESTEAD RD.</u> City: <u>MADISON WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>MAF</u> Phone: <u>(608)</u>
3. Print: <u>Mona E Walker</u> Sign: <u>Mona E Walker</u>	Street: <u>495 Daug Ct</u> City: <u>Vernon</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Vernon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>am</u> Phone: <u>(608)</u>
4. Print: <u>Jane Nachreiner</u> Sign: <u>Jane Nachreiner</u>	Street: <u>509 Meanderbrook Rd</u> City: <u>Oregon WI</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rutland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>djrac</u> Phone: <u>(608)</u>
5. Print: <u>Mark Kryka</u> Sign: <u>Mark Kryka</u>	Street: <u>210 Lynne Cir</u> City: <u>Vernon</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Vernon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Kryka</u> Phone: <u>(608)</u>

I, David A. Gilbert, Pedersen, (certify): I reside at 362 E Lakeside St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.18(3)(a), Wis. Stats.

11, 15, 2011
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(Signature of Circulator)

Page No. (Official Use Only)
1143

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Please include your c
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Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>PATRICIA WEHRLEY</u> Sign: <u>[Signature]</u>	Street: <u>315 Lincoln St.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>
2. Print: <u>LORINDA CAIN-BOWLES</u> Sign: <u>[Signature]</u>	Street: <u>2990 BOSSHARD DR.</u> City: <u>FITCHBURG</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FITCHBURG</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>lorinda</u> Phone <u>(608)</u>
3. Print: <u>Jill Thronson</u> Sign: <u>[Signature]</u>	Street: <u>830 Miller Drive</u> City: <u>Oregon WI</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>jillb7</u> Phone <u>(608)</u>
4. Print: <u>Sarah Greenland</u> Sign: <u>[Signature]</u>	Street: <u>308 N. Shuman</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>sarah</u> Phone <u>(608)</u>
5. Print: <u>Michelle Taylor</u> Sign: <u>[Signature]</u>	Street: <u>2984 Chapel Valley Dr</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Mich</u> Phone <u>(847)</u>

Certification of Circulator
I, David R Gilbert Pederson (certify): I reside at 361 E Lakeside St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1144

Circulators.
Please include your co

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A922-4

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Matt Austin</u> Sign: <u>[Signature]</u>	Street: <u>605 Parkland Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Matt</u> Phone: <u>(608)</u>
2. Print: <u>Jamie Anderson</u> Sign: <u>[Signature]</u>	Street: <u>2084 Erb Rd.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Anderson</u> Phone: <u>(608)</u>
3. Print: <u>PATRICIA K. WERNE</u> Sign: <u>[Signature]</u>	Street: <u>5 Pinehurst Cir.</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>pkw</u> Phone: <u>(608)</u>
4. Print: <u>Patricia G. Richardson</u> Sign: <u>[Signature]</u>	Street: <u>800 Jenna Dr.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>patricia</u> Phone: <u>(608)</u>
5. Print: <u>Paula Wick</u> Sign: <u>[Signature]</u>	Street: <u>1510 Whenona Dr.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>.</u> Phone: <u>(608)</u>

I, David R Gilbert-Pedron (Printed Name of Circulator), (certify): I reside at 362 E Lakeside St (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1145

Circulators,
Please include your co
Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karen Godar	Karen Godar	Street: 5025 Odana Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Kathryn Collier	Kathryn Collier	Street: 2705 Country View Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
3. Margo Schorr	Margo Schorr	Street: 9 Kewanna Ct City: Madison Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Stacy Tremaine	Stacy Tremaine	Street: 6712 Schroeder Rd #3 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Carla Shultz	Carla Shultz	Street: 407 Melody Lane City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Catherine L. Doyle	Catherine L. Doyle	Street: 6113 Waterford Rd. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Molly Lawry	Molly Lawry	Street: 302 Oak St. City: Mt. Horeb Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Horeb	11/15/2011 (Month) (Day) (Year)
8. Tommy Elliott	Tommy Elliott	Street: 4417 Mandrake Rd City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JOSEPH Heuser	Joseph Heuser	Street: 2521 Town Hall Rd City: Mt Horeb Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)
10. Patti Heuser	Patti Heuser	Street: 2521 Town Hall Rd City: Mt. Horeb Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, David R Gilbert Pederson

(Name of Circulator)

, (certify): I reside at 362 E Lakeside St

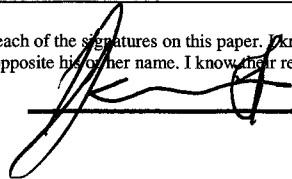
(Circulator's Residence - Street name and Number)

Madison

(Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)



(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

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Email

A922

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Mark A Wainwright</u> Sign: <u>Mark A Wainwright</u>	Street: <u>217 Jennie Dr</u> City: <u>Vernon</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Vernon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>JANET FARNAN</u> Sign: <u>Janet Farnan</u>	Street: <u>345 Lakewood Blvd.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Maple Bluff</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

1. David R Gilbert Pederson (certify): I reside at 362 E Lakeside St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1147

Circulators,
Please include your contact information

Phone

Email

A92

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carolina Punzel	Carolina Punzel	Street: 214 State St City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison - DGP	11/15/2011 (Month) (Day) (Year)
2. JOSH GETOEL	[Signature]	Street: 407 S. PATTERSON ST #A City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Ellerton Warhus	[Signature]	Street: 2910 Hoard St #3 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Nader Kamal	Nader Kamal	Street: 362 E. Lakeside St City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. NINO RODRIGUEZ	[Signature]	Street: 102 N. FRANKLIN ST #312 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. WENDY WOODARD	[Signature]	Street: 3613 HARDER RD City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Alyssa Luckey Winters	Amy Winters	Street: 3261 Milwaukee St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Jesse Luckey Winters	[Signature]	Street: 3261 MILWAUKEE ST. City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Gary Van Alstine	[Signature]	Street: 132 E. Wilson St. #311 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Elizabeth Van Alstine	[Signature]	Street: 132 E. Wilson St. #311 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, David R. Gilbert - Pederson, (certify): I reside at 362 E Lakeside St Madison

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1148

Circulator

Phone

Email

A922

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Joyce Price</u> Sign: <u>Joyce Price</u>	Street: <u>2810 Osmundsen Rd.</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>g6p</u> Phone: <u>(608)</u>
2. Print: <u>Susan Schauf</u> Sign: <u>Susan Smith Schauf</u>	Street: <u>401 W. Doty St. #1</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>susa</u> Phone: <u>(608)</u>
3. Print: <u>Mark Bohlring</u> Sign: <u>Mark Bohlring</u>	Street: <u>1023 Oak Ct</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>(608)</u> Phone: <u>(608)</u>
4. Print: <u>Jane Percy</u> Sign: <u>Jane Percy</u>	Street: <u>401 Lincoln St</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Percy</u> Phone: <u>(608)</u>
5. Print: <u>Mariann J. Kropp</u> Sign: <u>Mariann J. Kropp</u>	Street: <u>3637 Matthias Way</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>(608)</u> Phone: <u>(608)</u>

I, David R. Gilbert-Pelton (Printed Name of Circulator) (certify): I reside at 367 E Lakeside St (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
David R. Gilbert-Pelton
(Signature of Circulator)

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Circulators,
Please include your contact information:
Phone: _____
Email: _____

A922

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Paulette Wegner</u>	<u>Paulette Wegner</u>	Street: <u>2718 Warner St</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
2. <u>Frederick Wegner</u>	<u>F. Wegner</u>	Street: <u>2718 Warner St.</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
3. <u>Joanne Garrett</u>	<u>Joanne Garrett</u>	Street: <u>1047 Rutledge Street</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
4. <u>BRAD WRAY</u>	<u>Brad Wray</u>	Street: <u>1047 RUTLEDGE ST.</u> City: <u>MADISON, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/15/2011</u> (Month) (Day) (Year)
5. <u>Tim Gilbertsen</u>	<u>Tim Gilbertsen</u>	Street: <u>4611 Prairie Fire Ct</u> City: <u>DeForest WI</u> Zip: <u>53532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>DeForest</u>	<u>11/15/2011</u> (Month) (Day) (Year)
6. <u>BRIAN VAUPEL</u>	<u>Brian Vaupel</u>	Street: <u>4585 BISHOPS CT.</u> City: <u>MIDDLETON</u> Zip: <u>53562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WESTPORT</u>	<u>11/15/2011</u> (Month) (Day) (Year)
7. <u>Scott Diehl</u>	<u>Scott Diehl</u>	Street: <u>1002 Garfield St</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
8. <u>Dan Gibson</u>	<u>Dan Gibson</u>	Street: <u>4211 Waretch Ter</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
9. <u>Joanne D Henderson</u>	<u>Joanne D Henderson</u>	Street: <u>137 E. Wilson #810</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
10. <u>SCOTT HENDERSON</u>	<u>Scott Henderson</u>	Street: <u>137 E. Wilson #810</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison-DGP</u>	<u>11/15/2011</u> (Month) (Day) (Year)

Certification of Circulator

I, David R Gilbert-Pederson, (certify): I reside at

(Name of Circulator)

362 E Lakeside St

(Circulator's Residence - Street name and Number)

Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

Phone

Email

A922